

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2705AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2011
NAME OF PROVIDER OR SUPPLIER CHARLESTON RIDGE SENIORS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5313 PADUA WAY LAS VEGAS, NV 89107		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This revised Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted on your facility 4/28/11 through 5/2/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and seven employee files were reviewed. The facility received a grade of A.	Y 000		
Y 178 SS=C	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation on 4/28/11, the facility failed to ensure the premises was clean and well maintained (Excessive weeds in the front yard).	Y 178		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1 Severity: 1 Scope: 3	Y 178			
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation on 4/28/11, the facility failed to ensure that 3 of 3 of exit doors had installed alarms that operated when the exit door was opened. Severity: 2 Scope: 3	Y 991			
Y 997 SS=F	449.2756(1)(f)(3) Alzheimer's Facility-Yard fenced NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (3) Is fenced. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must	Y 997			

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Y 997	<p>Continued From page 2</p> <p>be locked and keys for gates must be readily available to the members of the staff of the facility at all times.</p> <p>This Regulation is not met as evidenced by: Based on observation on 4/28/11, the facility failed to ensure the gate leading from the yard was locked.</p> <p>Severity: 2 Scope: 3</p>	Y 997			

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